

*Rupture of the Uterus successfully treated by Drainage.*

Two cases in which this usually fatal accident was successfully treated by drainage, are reported in a recent number of the *Centralblatt für Gynäkologie* (1880, No. 26). One is reported by Dr. MORSBACH. The patient was aged thirty-five, and had had four children, the last five years previously. Labour came on at full term. When vigorous pains had lasted five hours, the midwife ruptured the membranes. After this, the patient, who had till then been standing, felt herself obliged to lie down; and the pains ceased. Three powders, obtained from a chemist, were given to bring on pains, without effect. Ten hours after the rupture of the membranes, Dr. Morsbach saw the patient. The os uteri was about eight centimetres in diameter, and the feet could be felt presenting, but high up. A dose of ergot was given, without effect. The patient was then narcotized, and it was discovered that there was a rupture of the vagina and cervix uteri, and that the child was in the abdominal cavity, except one foot, which was within the uterus. The foot was seized, and the rent carefully enlarged by numerous small incisions with scissors, till it would allow the child to be extracted. The hand was then inserted, and the placenta, which was in the peritoneal cavity, was removed. Two thick caoutchouc drainage-tubes were put into the rent, and a pad of salicylated wool between the thighs. Slight pyrexia followed, lasting a little more than a week, with abdominal tenderness and tympanites. One drainage-tube was removed the next day, and the other on the fourth day. The patient got up on the fourteenth day. Fourteen weeks afterwards she thought herself quite well. There was then a deep fissure in the cervix posteriorly, the bottom of which could not be reached by the finger, and a cicatrix in the posterior vaginal wall. Dr. Morsbach thought it possible that the midwife may have ruptured the uterus when she thought she was only rupturing the membranes, for she admitted that she had found great difficulty in doing what she did. The other case occurred in Berlin, and is reported by Dr. M. GRAEFE. The patient was in labour with her thirteenth child. The pains continued for six hours, and then suddenly ceased. An hour afterwards she was found in a state of collapse, the face presenting, an arm down in front, and a foot behind. Incomplete rupture of the uterus was diagnosed, and the patient was removed to the hospital. When she got there it was plain that the child was in the abdominal cavity, the contracted uterus being felt in front and to the left of it. The hand was introduced, a foot seized, and the child extracted; then the placenta was removed. The uterus was found ruptured transversely, only about three fingers' breadth of its wall remaining entire. The peritoneal cavity contained much clotted blood and meconium. It was washed out with a 2½ per cent. carbolic acid solution, and then a thick drainage tube, thirty centimetres long, put into the abdominal cavity, and secured by a silk suture to the posterior commissure. A bandage was put round the abdomen, and on it an ice-bladder. During the first two days the pulse was hardly perceptible. Hiccough and vomiting were troublesome during the first five days. The temperature did not rise till after the sixth day, when she began to have evening exacerbations of fever, which continued until the beginning of the fourth week, after which the temperature remained normal. After the sixth day the parts were irrigated from one to three times daily, through the tube, with a 2½ per cent. solution of carbolic acid. The tube was removed on the thirtieth day. The patient left the hospital, well and strong, on the thirty-fifth day. Dr. Graefe remarks, that whatever be the position this treatment will ultimately take, as compared with laparotomy, in these cases, there can be no doubt of its advantages in country practice, where the necessary assistants, instruments, etc., for laparotomy often cannot be had in time to be of service. These authors were

led to adopt this mode of treatment by a paper by Dr. Richard Frommel, which will be found in the *Zeitschrift für Geburtshülfe and Gynäkologie*, Bd. v., Heft ii. This author reports eight cases, seven treated by laparotomy, all of them fatal; one by drainage, which recovered.—*Med. Times and Gazette*, Oct. 22, 1881.

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*Porro's Operation in England.*

On Oct. 21st Mr. SPENCER WELLS performed Porro's operation, or a combination of the operations of Freund and Porro, on a patient aged 37, between five and six months advanced in pregnancy, and suffering from epithelioma of the cervix uteri. This is the first case where the operation in question has been performed in England, and the first instance where malignant disease of the uterus has been the indication for operative interference. The statistics and history of Porro's operation have been discussed at length by Dr. A. R. Simpson, in the last volume of the *Journal* (vol. i., 1881, pp. 910, 956). That operation is a supra-vaginal amputation of the uterus, in addition to the Cæsarean section. Freund's operation is total excision of a cancerous uterus by abdominal section. Mr. Wells has combined the two operations. In this case, strict antiseptic precautions were used. The urine was first drawn off, and the catheter left in the bladder. The vagina was plugged with wet phenolized cotton-wool, then the abdominal incision, about eight inches long, was made; the uterus was thus exposed. The fetal movements were active. The uterus was brought out of the wound, the upper half of which was temporarily closed by several silk sutures. By this means, the edges of the wound were kept as near together as possible; the intestines, which gave no trouble during the operation, being guarded with sponges. The left broad ligament was next transfixed by a stout silk ligature external to the ovary and below the Fallopian tube. The same proceeding was repeated on the right side. The bladder was then dissected off the uterus, the walls of which were very thin. A small rent was made into the uterine cavity during the process of separation of the bladder, the liquor amnii escaped, and the fœtus, which measured ten inches and three-quarters and weighed fourteen ounces, was extracted, and the umbilical cord divided, the placenta being left in the uterus; the fœtus only made three or four respiratory efforts. The ureters were invisible throughout the operation. After the separation of the bladder, the cancerous mass close around the os uteri was exposed. The uterus was separated by cutting through the vaginal wall around and quite close to the uterine wall; all bleeding surfaces, as they were divided, being secured by pressure-forceps. These forceps were afterwards removed, and all bleeding vessels secured by ligatures of phenolized silk. The opening from the peritoneal cavity into the vagina was closed by silk sutures, after removing the vaginal plugs of cotton-wool. The operation, from the first incision through the abdominal integuments to the tying of the last suture in the abdominal wound, lasted sixty-five minutes. Very little blood was lost. The growth around the os uteri was examined microscopically when fresh, and proved, as expected, to be an epithelioma; it formed a nodular, exuberant mass, not yet in a state of ulceration. The uterus and its appendages weighed fourteen ounces and a half, precisely half an ounce more than the fœtus. The patient suffered chiefly from sickness during the first two days after operation, but, she said, not more than after some of her previous labours. On the third day, it was observed that many women after a perfectly natural labour had more fever, and appeared to suffer more from after-pains, and presented an aspect of more severe illness, than this patient. When last heard of, on October 27th, she was progressing favourably.—*British Med. Journ.*, Oct. 29, 1881.